



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PARKVIEW NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$27940796	Contractual Allowance	\$63769534
Outpatient Patient Service Revenue	\$98648665	Other Deductions	\$5028495
Total Gross Patient Service Revenue	\$126589461	Total Deductions	\$68798029

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$57791433
Other Operating Revenue	\$2988239
Total Operating Revenue	\$60779672

4. Operating Expenses

Salaries and Wages	\$11943064	Employee Benefits	\$4004145
Depreciation and Amortization	\$1092147	Interest Expense	\$0
Bad Debt	\$7709673	Other Expenses	\$21399949
Total Operating Expenses	\$46148978		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14630694	Total Assets	\$16622297
Net Non-operating Gains over Loss	\$-11103	Total Liabilities	\$2778542
Total Net Gains	\$14619591		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51907177	\$38388706	\$13518471
Medicaid	\$17888883	\$16408868	\$1480015
Other Government	\$0	\$0	\$0
Other State	\$1706260	\$1347102	\$359158
Other Payers	\$55087141	\$12653352	\$42433789
Total	\$126589461	\$68798028	\$57791433

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$158030	\$-158030

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1868	\$-1868
Hospital Patients	\$0	\$0	\$0
Community Education	\$25	\$65682	\$-65657

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	28230
Number of Citizens Exposed to Health Education Messages	35060

Statement Six: Charity Statement

Hospital Charity Charges	\$4496474
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$973455	
HCI Payments	\$0		
Subtotal	\$0	\$973455	\$-973455
Medicaid Shortfalls	\$1480015	\$3872818	
Subtotal	\$1480015	\$4846273	\$-3366258
DSH Payments	\$0		
Subtotal	\$1480015	\$4846273	\$-3366258
Medicare Shortfalls	\$13518471	\$11237540	
Other Government Programs	\$359158	\$369393	
Total	\$15357644	\$16453206	\$-1095562

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2568090	\$-2568090
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0